Entered - 05/27/99 - sb CL99L0339 - DIANNE C. MITCHELL

CLAIM OF: NORTHMOOR APARTMENTS

690 Lindbergh Drive Atlanta, Georgia 30324 00-R -1716

For damages alleged to have been sustained as a result of a sewer back up on April 27, 1999 at 678 and 690 Lindbergh Drive and 2476 Morosgo Place.

THIS ADVERSED REPORT IS APPROVED

ubers Newell

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0339	Date: <u>October 10, 2000</u>
Claimant /VictimNORTHMOOR APARTMENT	8
BY: (Atty) (Ins.Co.) Address: 690 Lindbergh Drive, Atlanta, Ge	orgia 30324
Subrogation: Claim for Property damage \$ 3.4	78 89 Rodily Injury \$
Date of Notice: 05/24/99 Method: Written	n proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5 X	Ante Litem (6 Mo.) X
Subrogation: Claim for Property damage \$ _3,4 Date of Notice: 05/24/99 Method: Written Conforms to Notice: O.C.G.A. §36-33-5 X Date of Occurrence 04/27/99 Place: 678 & 690 Lindb	ergh Drive and 2476 Morosgo Place
Department Public Works	Division: Sewer Operations
Employee involved I	Disciplinary Action:
Employee myorved	
NATURE OF CLAIM: The claimant alleges its property	was damage due to a sewer back up. The investigation
determined that the City had no notice of any problems w	
from liability as set forth in O.C.G.A.§36-33-1.	
INVESTIGATION:	
Statements: City employee Claimant Pictures Diagrams Reports: Police	Others Oral
Pictures Diagrams Reports: Police	Dept Report X Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION;	
Function: Governmental X More than Six Months	Ainisterial
Improper Notice More than Six Months	Other X Damages reasonable
City not involved Offer rejected	Compromise settlement
Repair/replacement by Ins. Co City Negligent City Negligent	Repair/replacement by City Forces
Claimant Negligent City Negligent	Joint Claim Abandoned
	Respectfully submitted
'	When & State
	Canal Care
	/ INVESTIGATOR - DIANNE C. MITCHELL
DECOMMEND ATION.	
RECOMMENDATION:	
\mathcal{L}	
	ount charged: 1A012J012H01
Claims Manager:	Concur/date
Committee Action:	Council Action

FORM 23-61

RE: CLAIM FOR DAMAGES COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W. MAY / 4 1999 Atlanta, Georgia 30335 05-24-99P06:45 RCVD ENTERED - 5-27-99 - SB Dear Municipal Clerk: 99L0339 - DOBBS JORDAN This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$_\(\frac{16.55.00}{5}\) bodily injury for which I contend the City is liable. 1. Date of incident: 4-27 ff 2. Time of Incident: 3. Police called: Yes 4. Location of incident (including street address): Apto A, B, C, D, E, F Ath, Policy No. 5. Name of your insurance company: 6. State what and how incident occurred: +27-99 approx 1.45 pm City was called due to
2476 Margy Place sewer back up, downstains dies, approx 6:30 pm
City was unstopping area + Causia 678 Bid 6 apt + office to flood with

See Attached Invoices (now sewage. 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: (Tag Number) (Driver's Name) (Year) (Make) City vehicle:____ (City Driver's Name) (Department/Bureau) 9. Witness:___ (Address) (Telephone Number) (Name) 10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s). Northmoor H. 11. This claim should be mailed immediately to the address shown above. I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. (Print Claimant's Name) Signature of Claimant Youthwese Epto (City, State and Zip Code) **00-**R **-1716** (Work Number) (Home Number)